| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |   |                                   |                    |                              |            |            | Application or Docket Number |    |                     |                        |
|--|--|---|---|-----------------------------------|--------------------|------------------------------|------------|------------|------------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |   |                                   |                    |                              | SM/<br>TYF | ALL EN     |                              |    |                     |                        |
| U.S. NATIONAL STAGE FEES   |  |   |   |                                   |                    | •                            |            | RATE       | FEE                          | 7  | RATE                | FEE                    |
| BASIC FEE  |  |   |   |                                   |                    |                              | BASI       | CFEE       |                              | OR | BASIC FEE           | 300                    |
| EXAMINATION FEE  |  |   |   |                                   |                    |                              | EXAN       | EXAM. FEE  |                              | 1  | EXAM. FEE           | 200                    |
| SEARCH FEE   |  |   |   |                                   |                    |                              | SEAF       | SEARCH FEE |                              | 1  | SEARCH FEE          | 4/17                   |
| FEE FOR EXTRA SPEC. PGS.   |  |   | п   | ninus 100 =                       |                    | / 50 =                       | X S        | X \$ 125 = |                              | 1  | X \$ 250 =          | 700                    |
| TOTAL CHARGEABLE CLAIMS  |  |   | 26  | 26minus 20 = * (                  |                    |                              | X          | \$ 25 =    |                              | OR | <b></b>             | 300                    |
| INDEPENDENT CLAIMS   |  |   | 1   | / minus 3 = *                     |                    |                              | X S        | 100 =      | ļ                            | OR | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR   | <u> </u>  |                                   |                    |                              | + \$       | 180 =      |                              | OR | + \$ 360 =          | <u> </u>               |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |                                   |                    | lumn 2                       |            | OTAL       | <del> </del>                 | OR | TOTAL               | 120                    |
|  |  | CLAIMS AS  (Column 1)  CLAIMS REMAINING   | AMENDED - PART II  (Column 2) (Column 3)  HIGHEST  NUMBER PRESENT |                                   |                    |                              | sı         | MALL E     | NTITY<br>ADDI-               | OR | OTHER SMALL E       |                        |
| AMENDMENT A  | <b>.</b>                                       | AFTER<br>AMENDMENT  |   | PREVIO<br>PAID I                  | USLY               | EXTRA                        | F          | ATE        | TIONAL<br>FEE                |    | RATE                | TIONAL<br>FEE          |
|  | Total  | *   | Minus   | **                                |                    | =                            | X :        | 25 =       |                              | OR | X \$ 50 =           |                        |
|  | Independent                                    | <u> </u>  | Minus   | ***                               |                    | =                            | X \$       | 100 =      |                              | OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |                    |                              |            | 180 =      |                              | OR | + \$ 360 =          |                        |
| TOTAL ADDIT.   |  |   |   |                                   |                    |                              |            |            |                              | OR | TOTAL ADDIT.<br>FFF |                        |
|  |  | (Column 1)  |   | (Colum                            | nn 2)              | (Column 3)                   |            |            |                              |    |                     | :                      |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ST<br>SER<br>USLY  | PRESENT<br>EXTRA             | R          | ATE        | ADDI-<br>TIONAL<br>FEE       |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus   | **                                |                    | =                            | X \$       | 25 =       |                              | OR | X \$ 50 =           |                        |
| AME  | Independent                                    | *   | Minus   | ***                               |                    | =                            | X \$       | 100 =      |                              | OR | X \$ 200 =          |                        |
|  | FIRST PRES                                     | ENTATION OF N   | IULTIPLE DE   | PENDENT C                         | LAIM               |                              | + \$       | 180 =      |                              | OR | + \$ 360 =          |                        |
|  |  |   |   |                                   |                    |                              |            | L ADDIT.   |                              | OR | TOTAL ADDIT.        |                        |
| ***  | If the "Highest Nu<br>If the "Highest Nu       | umn 1 is less than th<br>Imber Previously Pa<br>Imber Previously Pak<br>nber Previously Pak | id For" IN THIS<br>id For" IN THIS                                | SPACE is less<br>SPACE is less    | than '20 than '3'. | ', enter "20".<br>enter "3". |            | v          | in column 1                  |    |                     |                        |